## INDIVIDUAL MEDICARE SUPPLEMENT COVERAGE

Sold in New Jersey

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## PENNSYLVANIA LIFE INSURANCE COMPANY

Telephone: 1-888-802-9497

PLAN INFORMATION				MEDICARE PART A HOSPITAL COSTS  PLAN PAYS				MEDICARE PART A SKILLED NURS. FACILITY (SNF) COSTS PLAN PAYS			MEDICARE PART B MEDICAL COSTS (DRS., OUTPATIENT, ETC.) PLAN PAYS			OTHER PLAN PAYS			
Α	FNS 88.68 FS 102.34 MNS 97.99 MS 113.00		3 mos.		Yes	Yes	Yes	( /			( )	Yes		Yes			
В	FNS 115.07 FS 132.76 MNS 127.07 MS 146.63	Yes**	3 mos.	Yes	Yes	Yes	Yes					Yes		Yes			
С	FNS 135.66 FS 156.66 MNS 149.94 MS 172.91	Yes**	3 mos.	Yes	Yes	Yes	Yes	Yes			Yes	Yes		Yes	Yes		
D	FNS 125.93 FS 145.28 MNS 138.97 MS 160.39	Yes**	3 mos.	Yes	Yes	Yes	Yes	Yes				Yes		Yes	Yes	Yes	
F	FNS 139.90 FS 161.42 MNS 154.49 MS 178.29	Yes**	3 mos.	Yes	Yes	Yes	Yes	Yes			Yes	Yes	Yes	Yes	Yes		

<sup>\*</sup> FNS = FEMALE NON-SMOKER FS = FEMALE SMOKER MNS = MALE NON-SMOKER MS = MALE SMOKER NON-SMOKER RATES APPLY TO APPLICATIONS SUBMITTED DURING THE 6-MONTH OPEN ENROLLMENT PERIOD.

NOTE: ABOVE PREMIUMS DO NOT INCLUDE A ONE-TIME \$25 POLICY FEE.

STATE OF NEW JERSEY STATE HEALTH INSURANCE ASSISTANCE PROGRAM S.H.I.P. DEPT. OF HEALTH & SR. SERVICES JANUARY 2006

<sup>\*\*</sup> SOME APPLICANTS MAY NOT BE ABLE TO PURCHASE THIS PLAN AFTER THE OPEN ENROLLMENT PERIOD. (See Guide to Health Insurance for People with Medicare.)

<sup>\*\*\*</sup> PRE-EXISTING MEDICAL CONDITION WAITING PERIOD MAY NOT APPLY (See Guide to Health Insurance for People with Medicare.)